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A CLINICAL STUDY OF THE DISEASE AND CURABILITY OF INEBRIETY.

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In 1878 there was admitted in the Asylum at Walnut Lodge, Hartford, Conn., forty-two patients suffering from inebriety and the use of opium. Of this number, thirty-five left the asylum with consent, the same year of their admission. On the asylum books they were noted as follows:—

Discharged recovered	10
Discharged greatly benefited	20
Discharged without results	4
Died	1
	35

It is proposed to study the history of these cases, and the results of treatment after a period of nearly four and a half years from the time of leaving the asylum. The history of each patient was recorded at the time of admission, based on his statements and those of his friends and relatives. The constant tendency to exaggerate and cover up the real facts by the patients, and sometimes their friends, required great care and frequent reconsideration of the clinical history, to exclude all sources of error. In many instances the facts were only obtained from long correspondence, close observation, and acquaintance with the patient. Each case was studied from a physical point, and all the mental phases recorded and analyzed as far as possible.

The first question was the evidence of an inebriate diathesis, or a special inherited predisposition to use spirits coming from the parents direct.

The number exhibiting this diathesis was eight, as follows: In two instances the father drank spirits to excess for years before and after the birth of the patient. In one case the father was intoxicated at the time of conception. In two cases the mother used wine and spirits before and during pregnancy, and in two cases both parents used spirits to excess at times. In one case the history was obscure, but the indications were that both parents used spirits at different times, being free livers, and frequenting drinking society. In three cases the particular inheritance seemed

beyond all doubt. In the next twelve cases the heredity was more removed, and less distinct, but still a prominent factor. In three cases the grandfather on the mother's side drank to excess; in four cases the grandparents were drinking people; in one case both grandparents, as far as the history could be obtained, were inebriates, and died from excess. In four cases insanity, inebriety, and consumption had been prominent in the grandparents. In eleven cases a defective brain and nerve inheritance was prominent, as follows: In seven instances, different states of monomania, paralysis, hysteria, and forms of persistent neuralgias, were present in one or both parents. In three instances insanity was present in the parents, with epilepsy in the father in one case. Thus in thirty-one out of the thirty-five cases there were positive inherited nerve and brain defects, which formed the active soil for the propagation and growth of inebriety. In the first eight cases, the probability of inebriety appearing in the next generation was almost a certainty, in view of the clinical history of the parents, and a knowledge of heredity. In the twenty-three cases which followed, the predisposition to disease was very marked, the form in which it appeared depending on some unknown factor. In the remaining cases, four in number, no history that was reliable could be ascertained of defective inheritance.

The second question was the general exciting or predisposing causes, apparent in these thirty-one cases.

In the eight cases where the inebriate inheritance was direct from the parents, inebriety began in three cases at puberty, following the evolution of the sexual function. In one case a positive pleasure in the taste and effect of spirits began at the age of seven years. Two cases appeared in which inebriety followed great grief and disappointment, in another instance domestic trouble was the exciting cause. The last case, the inebriety began from the excitement of success in being elected to an office of much honour. A brief outline of each of the twenty-three remaining cases will more clearly bring out the chain of causes, and make them better understood.

Case 1.—A merchant; grandfather on mother's side an inebriate; had dyspepsia from bad living and over-work; began to drink after using alcohol as a medicine.

Case 2.—A carpenter; grandfather and two uncles on mother's side died from excessive use of spirits; was temperate up to the time of entering the army; then began to drink to excess.

Case 3 was a farmer; whose grandfather on the mother's side drank at intervals to great excess; he drank first after a period of severe exposure and hardship in the Maine woods.

Cases 4 and 5.—Both merchants; the grandfather on the mother's side drank in one case, in the other the grandmother on the mother's side used opium and spirits. In both cases inebriety came on from business troubles and mental strain.

Case 6 was a workman, whose grandparents on both sides were drink-

ing people. He first used spirits after being employed in a distillery. From his own statement it was curiosity at first, then after he became intoxicated the first time he continued to use spirits.

Case 7.—A liveryman; both grandparents drank; he suffered from what was called fits, in childhood, and used spirits at puberty after sexual excess.

Case 8.—A builder and carpenter; inebriety in several uncles and aunts, moderate drinking in the grandparents; when ten he drank to intoxication, and had always a passionate love for the taste of spirits.

Cases 9 and 10 were clerks and bookkeepers, with a strong insane tendency, which had appeared in nearly every branch of the family for generations back. The exciting cause was mental strain, overwork, and general neglect of healthy living.

Case 11 was an editor; consumption and cancer had appeared in every branch of the family extending back to the great-grandparents. After a severe attack of pneumonia inebriety appeared; two years after the use of opium began, and alternated with alcohol for many years.

Case 12 was a physician, with a marked history of insanity on the mother's side. Suffered from dyspepsia and extreme hypochondria, followed by inebriety, with acute mania after protracted drinking.

Case 13 was very wealthy with no business; hysteria and epilepsy very prominent in all the generations back. Began to use spirits after an extended trip to Europe.

Cases 14, 15, and 16 were traders and merchants, whose ancestors were eccentric, strange people; with a history of dyspepsia, hypochondria, and hysteria. In the first case inebriety began after the death of his wife, in the other cases exposure in the army was the active cause.

Case 17 was a lawyer; his father, grandfather, and two uncles had paralysis agitans when about forty years of age. After a severe business reverse he began to use alcohol to intoxication.

Case 18 was a farmer, whose mother was a weak, passionate woman, always complaining, and using drugs for every trouble. He drank after an attack of typhoid fever.

Case 19 was a saloon keeper; both parents low, selfish people. He drank soon after marriage, and lived a low, irregular life.

Cases 20 and 21 were persons without business; with insanity in the family, in grandparents and uncles; one dated all his drinking from the time of a shipwreck on a yacht and the rescue by a light-house keeper; the other drank soon after he began to gamble and spend his nights at faro.

Case 22 was a clergyman; his father was a great gourmand and beer drinker. After a season of overwork and great excitement from a revival meeting he began to use spirits to excess.

Case 23.—Of no business; father an epileptic; he began to drink after some trifling business trouble.

It is apparent from this outline of cases, that heredity was a prominent factor, traceable in nearly all the cases, and that the exciting and predisposing causes were also exploding and developing influences, which determined the disease of inebriety. These exciting and predisposing causes can be traced in nearly all cases, and where it is not apparent, our knowledge and means of ascertaining it are at fault.

The third inquiry is, when inebriety begins does it follow some regular order that can be traced and anticipated in the study and treatment?

In a large proportion of cases this can be demonstrated beyond all question. In others much obscurity prevails, and a connected chain of symptoms cannot be made out from our present limited knowledge of the subject. The following cases represent the two extremes of symptomology and progress :—

In Case 13 hysteria and epilepsy prevailed in both branches of the family, and a marked entailment of nerve weakness and exhaustion existed. He grew up well and hearty until after leaving college, when he complained of exhaustion, and was very sensitive and easily excited. After marriage he visited Europe, and drank for the first time to intoxication. From this time he could not stop drinking, and during the next two years ideas of persecution appeared, and he became boastful and extravagant in his manner. Never would acknowledge that he drank to excess. Attempted to do business and failed. Became more and more excitable in his talk and actions. Tried to reform, and was sober two months after the death of his wife, then began to use spirits again. He was untruthful, and resorted to the most childish efforts to conceal his condition. He grew worse through every effort to recover, mind and body failing alike, until he was brought to the asylum. The order of the symptoms in the case ran as follows : Excitement of travel ; wine drinking to intoxication. From this time the constant use of spirits, both wine and stronger alcohols, followed. The desire increased with each indulgence, and his mind grew more and more insensible to his real condition. Delusions of strength to control himself, and persecution from his family. Egotistical extravagance of action and work. Fitful unavailing efforts to recover, and loss of pride and faith in himself and others. General failure of mind and body, could not sleep unless he used large quantities of spirits. Increased use of spirits and increased debility of body and functional activity. The brain action in all these cases follows the fitful spasm-like movement of the heart. At times displaying force and energy, then relapsing into abject weakness. The mental failure and unsteadiness were more prominent than the changes in the body.

In Case 2 another type of symptoms and progress are seen. The inheritance from the grandfather on his mother's side, who died from excess in the use of spirits, was prominent. He was temperate and healthy up to eighteen, when he entered the army. Was confined to a southern prison for six months, and began to drink spirits soon after. He continued in the army until the war was over, and for the two years following drank to excess constantly. Then he signed the pledge, and was very temperate for four and a half years, when, from the sudden death of his child, he relapsed, and for two years drank severely. Then he reformed and lectured on temperance for over a year, and relapsed in this work.

Then recovered and relapsed again, coming to the asylum. A table of the progress of this case may be stated as follows:—

Began to use spirits from debility and exhaustion in the army, and was a continuous inebriate. He stopped by mere will-power, and four years later began again, and this time as a periodical inebriate. Then another sudden halt and relapse again, in the mean time engaging as a temperance lecturer; stopping in a manner equally strange. But each time he relapsed from some distinct cause; his mind exhibiting all the marks of degeneration seen in the former case. The mystery of the long halts, of uncertain duration, was certainly governed by conditions of physical and psychical laws, now unknown. These two cases are typical of a large class that often are not understood, and seem enigmas to their friends.

I have selected four cases, not mentioned in the above, for the purpose of showing a class of traumatic causes which have a marked influence over the progress and symptomatology. They are physical and psychical in their nature, and may be more clearly seen in an outline history of each case. Case 1. A lawyer, 38 years of age; no history of heredity could be obtained. Was in good health and temperate when he suffered from sunstroke. He was prostrated for many weeks with pain and exhaustion, and recovered a year after. After an exciting appeal to a jury in an important trial, he went out and drank to stupor. From this time the desire for alcohol appeared with great intensity after every period of exhaustion. His mind would foreshadow these attacks in the extreme egotism and boastful manners foreign to him at other times. Again he would manifest untruthfulness without motive. These and other mental phases were seen before and after a paroxysm of drinking, and at first disappeared during the free interval, then continued from one attack to another. Case 2, a clergyman, 48 years old, with probably an inebriate diathesis present. The death of his only daughter by an accident caused him, in despair, to drink to stupor. From this time, for fourteen years his life was a perpetual struggle to control an intense craving for alcohol, and failure to do so. His mind showed a great change; he became an infidel and spiritualist; his habits, character, and actions deteriorated steadily; the mind and body were in constant antagonism to procure spirits and escape from the bondage of this impulse. The mental symptoms clearly showed which was uppermost. In the asylum a study of this phase determined the question of the form of treatment at all times. Case 3 was a strong, vigorous farmer of 31 years of age. He suffered from a severe lacerated wound on both legs, from a runaway, followed by great mental excitement. He remained in bed for three months after; then he began to drink to excess at once. His habits and entire character changed, and he became an unscrupulous speculator, and when not using spirits to excess, planned and executed great swindling operations. He would drink to stupor for a day or more, then recover, and use spirits moderately for a

long time. Case 4 was a travelling man for a mercantile house, 39 years old. One evening a train he was riding on, jumped the track and dashed over the rails, breaking the windows, and causing intense consternation and alarm. The excitement was so great that he was functionally paralyzed, and had to be carried from the car. Two days elapsed before he was able to continue his journey. He used spirits to excess from this time, and went gradually down from bad to worse. Unlike many other similar cases, he had no delusions of strength, but seemed to have a decreasing faith and confidence in his power to recover. These cases were clearly traceable to traumatism. The second and last was from psychical changes in the brain centres. In all, changes of structure and function followed, of which inebriety was only a sign. It may be remarked that a large number of cases of inebriety may be traced to these traumatic causes, which are now overlooked in the prominence of the later symptoms. This is a field at present almost unknown.

In a grouping of the form of inebriety, and the prominent symptoms noted on admission, the following may give some conception of the difficulties in the study of the cases and their treatment. In the first division, the periodical inebriates who used spirits to excess only at certain stated periods, with a free interval of from two days to a year or more, were twelve. In some of these cases the history of this periodicity was of exceeding interest. In two cases the interval could be calculated within an hour, and the impulse for spirits burst out, irrespective of situation and surroundings, at the exact time predicted. In the second class were grouped all those who drank steadily, with no free interval of sobriety. These were called constant inebriates, and numbered sixteen; tremors, delusions, and insomnia were present in all these cases. In the third class, called paroxysmal inebriates, of which there were six, the condition resembled an attack of acute mania, in the suddenness of its onset and short duration, depending upon some special state of the nerve centres, which, after a few hours' excess in the use of spirits, recovered their control of the organism. Case 22 was of this type. He would drink to great excess for one or two days, then stop as suddenly as he began, and the interval of sobriety would be equally uncertain. In Case 19, a bar-keeper would reform, and remain sober a long time in his business, then relapse and reform again, without any special cause or reason. One case was closely allied with opium taking, so that neither was prominent, first one then the other.

The fourth inquiry is, What is the nature and character of the treatment in these cases?

Every case is suffering from congestions, degenerations, and nutrient perversions of every description. In the treatment the removal of all exciting causes, and building up the general strength and vigour of the organism, is the first principle. An inebriate asylum is simply a quaran-

tine, where this object can be most easily secured. Immunity from alcohol that is almost absolute, or as near as it can be, is one of the great essentials. To accomplish this, both modified and absolute restraint over all the surroundings and habits of the patient must be exercised, depending on the special wants and needs of each one. Restraint from alcohol is only one factor, and often an insignificant one; restraint from excitement, sexual excess, overwork, and many other influences equally powerful in the causation of inebriety, are absolutely necessary. In many cases the quiet, regular living and exact surroundings are a more effectual restraint from the use of alcohol than locks and bars. Hence all restraint must be adapted to the requirements of each case, and not depend on any one thing. In a periodical inebriate and dipsomaniac, restraint at times is positively injurious, at others it is a tonic of great value. The building up process must include all the means known to science for invigorating the organism, of which electricity, baths, tonics, mineral waters, and nutrients are most prominent. With this are included exercise that is pleasant and with full consent of the patient, mental diversion and change, as well as occupation of both mind and body. The inebriate is a thoroughly sick man, needing rest and perfect freedom from all sources of exhaustion, excitement, and debility. The mind requires more skill in the treatment than in cases of the insane, and the organic degenerations are more complex, taxing every resource of science to its utmost to combat. These means must be used for long periods, of not less than from one to three years, before any permanent restoration can be expected.

The fifth and last inquiry is, What were the results from the treatment of the cases mentioned in this article?

A period of four and a half years has elapsed since these cases were under treatment, and their present condition will approximately indicate the value and permanency of the results. Letters have been addressed to both the patients and their friends, and in some instances to the family physician, and the answers may be taken as more or less reliable. In seven cases the facts came under my personal observation, and are correct. Of the first ten cases noted on the books as discharged recovered, the following table represents their condition now and during the interval from the time of treatment. The word recovery was used on the asylum books as expressing a general restoration of the physical health and return of the mind to its normal condition, manifest in healthy thought and living, with an earnest desire and exertion to get well.

Cases who are yet temperate and well	4
Relapsed once, recovered, and now well	1
Relapsed twice after a long interval, now well	2
Relapsed and now drinking	1
Relapsed and died within a year	1
Relapsed and developed general paralysis	1

Of the twenty cases noted as discharged greatly benefited, four have disappeared, and no history or trace of them can be ascertained. It is probable that most of these cases have recovered or died; in either case all history would be lost. Had they relapsed they could be more easily traced. The rule is, that cases permanently cured disappear from observation, and never refer to their past life, while the chronic incurable stands about street-corners and saloons, advertising his failure to recover and the asylum to perform a miracle in his case.

Cases that are yet temperate and well	3
Cases that were temperate up to death	2
Cases which relapsed once, and are now temperate and well	4
Cases which have relapsed more than once at long intervals, now well	3
Cases relapsed and still drinking	3
Relapsed and died from the excess	1

Of those discharged as not benefited by the asylum treatment, the following is the present state:—

Relapsed and still drinking	2
Relapsed and now in an insane asylum	1
Relapsing at long intervals	1

During treatment one died from obscure affection of the brain soon after admission into the asylum.

The following table is a summary of all the cases:—

Those still well and temperate	7
Continued temperate and well up to death	2
Relapsed once, but now temperate	5
Relapsed twice or more at long intervals, now well	5
Relapsed and still drinking	6
Relapsed and died from excess	2
Relapsed and in an insane asylum	1
Relapsed and developed general paralysis	1
Relapsed at fixed intervals	1
Died under treatment	1
No history ascertained of	4
	35

The cases were under treatment from thirty-four days to six months, with an average of about four months to each one. In this time it is almost impossible to expect anything more than a beginning of permanent treatment. These results, in view of a knowledge of the difficulties of treatment, are very encouraging. Some of these obstacles may be mentioned as follows: All these cases had developed a low grade of chronicity, and exhausted every means of treatment before they came to the asylum, which is only a last resort. They come to these places credulous, and expecting results more or less miraculous, or skeptical of any good or power the treatment can give them. Hence it takes a long time to enlist the intelligent coöperation of the patient with the physician and the means applied. The treatment of inebriety had scarcely begun, and both the means and appli-

ances are sadly wanting in every institution. The full support by the public both legally and morally, with trained men to study and apply the means for treatment, are also wanting. Until such a time, when institutions are founded and conducted by experts, with every resource at command, similar to insane asylums, the difficulties of this work will be very formidable. The results of treatment to-day, with the worst cases, and the crudest means and methods of restoration only faintly indicate the possibility of cure in the future. The restoration of seven in thirty-one cases, after a period of four years and more, is an unmistakable sign of the eminent curability of inebriety, with better means, and larger knowledge.

In a general review of the facts gleaned from a study of these cases, and the results of treatment as seen at this time, I have great confidence in believing that the following propositions are correct, and will be confirmed in all future studies :—

1. Inebriety is a disease, which may be studied, traced, and understood, and whose course or march follows a progressive line, full of hints pointing out the means of cure and prevention.

2. Inebriety is curable as other diseases are, by the application of physical remedies in proper surroundings, by competent men, who seek to apply exact means to meet every case.

3. Inebriety must be studied from a physical point of view, as the result of physiological and psychical laws, and not a matter of chance, or a low vicious element in human nature.

4. Standing on the frontier lines, vast outlines of hills and valleys stretch out before us, all under the domain of law. When the traditional superstition, which hangs over this field, vanishes, and the causes of inebriety are known, as well as the means for prevention and cure, a new era of humanity and civilization will begin.

5. The increasing prevalence of inebriety in this country demands a scientific study of the subject, and a more thorough acquaintance with the laws and forces which govern its rise and progress; from this a knowledge of the best means of treatment will be ascertained and applied.